

SENIOR ADVANTAGE – HIGH OPTION

Principal Benefits for Kaiser Permanente Senior Advantage with Part D (1/1/08—12/31/08)

The Services described below are covered only if all the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Southern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, visiting other Regions, Emergency Care, Post-stabilization Care, Out-of-Area Urgent Care, Out-of-Area dialysis care, and emergency ambulance Services

Senior Advantage is for Members entitled to Medicare, providing the advantages of combined Medicare and Health Plan benefits. Enrollment in this Senior Advantage with Part D plan means that you are automatically enrolled in Medicare Part D.

Annual Out-of-Pocket Maximum for Certain Services	
For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year after the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family Unit of one Member)	\$1,500 per calendar year
For any one Member in a Family Unit of two or more Members	\$1,500 per calendar year
For an entire Family Unit of two or more Members	\$3,000 per calendar year
Deductible or Lifetime Maximum	None
Professional Services (Plan Provider office visits)	You Pay
Primary and specialty care visits (includes routine and Urgent Care appointments)	\$10 per visit
Routine preventive physical exams	\$10 per visit
Family planning visits	\$10 per visit
Scheduled prenatal care and first postpartum visit	\$10 per visit
Routine preventive refraction exams and glaucoma screening	\$10 per visit
Routine preventive hearing tests	\$10 per visit
Physical, occupational, and speech therapy visits	\$10 per visit
Outpatient Services	You Pay
Outpatient surgery	\$10 per procedure
Allergy injection visits	\$3 per visit
Allergy testing visits	\$10 per visit
Vaccines (immunizations)	No charge
X-rays, annual mammograms, and lab tests	No charge
Manual manipulation of the spine	\$10 per visit
Health education:	
Individual visits	\$10 per visit
Group educational programs	No charge
Hospitalization Services	You Pay
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	\$200 per admission
Emergency Health Coverage	You Pay
Emergency Department and Out-of-Area Urgent Care visits	\$50 per visit (does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition)
Ambulance Services	You Pay
Ambulance Services	\$50 per trip
Prescription Drug Coverage	You Pay
Most covered outpatient items in accord with our drug formulary guidelines:	
Generic items	\$10 for up to a 100 day supply
Brand-name items	\$35 for up to a 100 day supply
Durable Medical Equipment (DME)	You Pay
Most covered DME for home use in accord with our DME formulary guidelines	20% Coinsurance
Mental Health Services	You Pay
Inpatient psychiatric care: first 190 days per lifetime as covered by Medicare.	\$200 per admission
Thereafter, up to 45 days per calendar year	

continued

Mental Health Services		You Pay
Outpatient individual and group therapy visits		\$10 per individual therapy visit \$5 per group therapy visit
Chemical Dependency Services		You Pay
Inpatient detoxification		\$200 per admission
Outpatient individual therapy visits		\$10 per visit
Outpatient group therapy visits		\$5 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)		\$100 per admission
Home Health Services		You Pay
Home health care (part-time, intermittent)		No charge
Other		You Pay
Eyewear purchased from Plan Optical Sales Offices every 24 months		Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)		No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).